

Date Received: \_\_\_\_\_

**CITY OF HUNTSVILLE PARKS AND RECREATION DEPARTMENT**  
**JAYCEE COMMUNITY BUILDING/FAIRGROUNDS FACILITY USE APPLICATION**  
 (Applicant must be 21 years of age or older)

Name of Group or Organization: \_\_\_\_\_

Non-profit Organization: Yes: \_\_\_\_\_ No: \_\_\_\_\_] [If YES, provide a copy of your 501(c)(3) information]

Group Liability Insurance? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (Certificate naming City as co-insured may be required)

Contact Person (must be over 21): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

E-mail Address: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work/cell) \_\_\_\_\_ Fax: \_\_\_\_\_

Activity: \_\_\_\_\_

Description of Activity/Events (Dance, Dinner, Birthday Party, etc.): \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Time(s): From: \_\_\_\_\_ to \_\_\_\_\_

Set-up/Clean-up Date(s): \_\_\_\_\_ Time(s): From: \_\_\_\_\_ to \_\_\_\_\_

Facility Requested: (please circle) Jaycee Community Building Fairgrounds/North Runway

Will there be a fee charged for this activity? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, \$ \_\_\_\_\_ per \_\_\_\_\_

Is this activity open to the general public? Yes \_\_\_\_\_ No \_\_\_\_\_ Maximum No. of People Attending: \_\_\_\_\_ Adults \_\_\_\_\_ Children \_\_\_\_\_

Will any of the following be involved? Food \_\_\_\_\_ Alcohol \_\_\_\_\_ Band \_\_\_\_\_ Decorations \_\_\_\_\_ Kitchen \_\_\_\_\_ House Sound System \_\_\_\_\_

Portable Wall \_\_\_\_\_ Firearms/Ammunition \_\_\_\_\_ Chairs # \_\_\_\_\_ Tables # \_\_\_\_\_ Other: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

(Applicant must be 21 years of age or older)

Reservations are made on a first come-first served basis.

Reservations are not confirmed until application is reviewed and 50% deposit or full payment is received.All documentation must be on file at least 48 hours prior to the scheduled event, or the City of Huntsville has the right to deny use of the requested facility.

Reservations must be cancelled ten (10) business days in advance to qualify for a refund.

Refunds require the return of the original receipt and a 3-6 week processing period.

(To be completed by Parks and Recreation Department Staff)

Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Application Approved/Denied by (see Status): \_\_\_\_\_

Status: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Payment: Total due: \$ \_\_\_\_\_ Due Date: \_\_\_\_\_ Fee Waived by: \_\_\_\_\_

Insurance: Not Required: ☐ Required: ☐ Initials: \_\_\_\_\_ Received/Attached: \_\_\_\_\_Business License: Not Required: ☐ Required: ☐ Initials: \_\_\_\_\_ Received/Attached: \_\_\_\_\_Police Security: Not Required: ☐ Required: ☐ How Many? \_\_\_\_\_ Initials: \_\_\_\_\_

Deposit: Amt. \$ \_\_\_\_\_ Rec by: \_\_\_\_\_ Receipt # \_\_\_\_\_ Date: \_\_\_\_\_

Payment Method: Check Money Order

Bal/Full Payment: Amt. \$ \_\_\_\_\_ Rec. by: \_\_\_\_\_ Receipt # \_\_\_\_\_ Date: \_\_\_\_\_

Payment Method: Check Money Order

**Note: Fees can only be waived by  
Superintendents, Manager or  
Director**

**Insurance can only be waived by  
Director**

**Review Info: To be completed by the Programmer/Superintendent on the back of this form.**

Note: A copy of this application for all events over 100 people or requiring Police Services is to be routed through the chain of command immediately upon approval for informational purposes. A copy of all documentation (insurance, business license, etc.) is to be included.

(To be completed after event by User Group)

Actual Number Attending: \_\_\_\_\_ Signature: \_\_\_\_\_

Authorized Rep. of User Group